Name in Full: James Samuel Allen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Silver Hill — County: Prince George

Date of death 190: Month: 8 — Day: 2

Age: Years: 64 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation: Laborer on farm

Name of Wife or Husband: —

Father's Name: James Allen — Father's Birthplace: Md

Mother's Maiden Name: Susan Anne Smith — Mother's Birthplace: Md.

Name of person giving information: Susan A. Allen — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Hemorrhage — How long: 9 days

Immediate: Paralysis & Exhaustion — How long: /

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson M.D.

Address: Rosecroft Md

Accident or Suicide?

LIBRARY BUREAU A66518

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Williams Allen

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westphalia — County: Pr. Geo

Date of death 1904: Month: Aug — Day: 2 — Age: Years: 39 — Months — Days

Sex: Male — Color or Race: Black — Birthplace

Married, Single or Widowed: Married — Occupation: Farm hand

Name of Wife or Husband: Harriett Griffith

Father's Name: Jesse Allen — Father's Birthplace

Mother's Maiden Name: Emma Spriggs — Mother's Birthplace: P. G. Co

Name of person giving Information: [illegible] — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

How long

How long

Immediate: Intestinal Obstruction

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible] Griffith

Address: Upper Marlboro Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Julius A Banks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowie; County: Prince Georges

Date of death: Month: August; Day: 13; Year: 1904; Age: Years: 24; Months; Days

Sex: Male; Color or Race: Colored; Birthplace: Maryland

Occupation: Waiter; Where Residing if not at place of death: Bowie

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Jacob Banks; Father's Birthplace: Virginia

Mother's Maiden Name: Millie Payne; Mother's Birthplace: Virginia

Name of person giving In formation: Jacob Banks; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia contributing Consumption; How long: Short Period

Immediate: Asphyxia; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm M. Duvall M.D.

Address: Glenn Guild Md.

Accident or Suicide: I have treated a few days he did not prescribe

LIBRARY BUREAU A88818

Name in Full: Agnes A. Brady

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Leland — County: Prince Geo.

Date of death 1904: Month: Aug — Day: 31 — Age: Years: 66 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Calvert Co. Md

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Ruth E. Brady

Father's Name: Basil Brady — Father's Birthplace: —

Mother's Maiden Name: Sarah P. Gayler — Mother's Birthplace: —

Name of person giving information: Norman Brady — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: General Paralysis — How long: 3 Mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. B. Gifford

Address: Upper Marlboro Md

Accident or Suicide? —

LIBRARY BUREAU No 88316

Name in Full: John Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upper Marlboro' County: P. G.

Date of death: 1904 Month: 8 Day: 19 Age: Years — Months: 11 Days —

Sex: Male Color or Race: Black Birthplace: P. G. Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Bernard Brown Father's Birthplace: P. G. Co

Mother's Maiden Name: Annie Jackson Mother's Birthplace: P. G. Co

Name of person giving Imformation: John Jackson How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't Know How long: 2 weeks.

Immediate: " " How long:

Are the name, age, sex, color. date and place correctly given above? Yes

Accident or Suicide?

Signature of Physician: John Jackson, Grandfather

Address: Upper Marlboro, Md.

LIBRARY BUREAU A66516

Name in Full: Peter Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Landover — County: Prince Geo

Date of death: Month: Aug. — Day: 19 — 1904

Age: Years: — Months: 3 — Days: 3

Sex: Male

Color or Race: Black

Birthplace: Landover

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Joe Brown

Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Ford

Mother's Birthplace: Md

Name of person giving Information: Joe Brown

How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum

How long: two weeks

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas Lewis

Address: Bladensburg Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Robert Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Landover; County: Prince Geo

Date of death: Month: 1904 Aug; Day: 8; Age: Years: 25; Months: ; Days: —

Sex: Male; Color or Race: Black; Birthplace: Landover Md

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Isaac Brown; Father's Birthplace: Md

Mother's Maiden Name: Jane Brown; Mother's Birthplace: Md

Name of person giving Information: Isaac Brown; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero. Colitis; How long: 3 week

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Gabriel Anderson

Address: Hyattsville Md

Accident or Suicide?

LIBRARY BUREAU A0886

Name in Full

Certificate of Death

Wm H. Brown

Died at Clinton Town P.G. County MARYLAND

Date 1904 Month Aug Day 25	Age Y. 2 M. D.	Native of Md	Occupation None
Male ~~Female~~	~~White~~ Colored	~~Married~~ Single	~~Widowed~~ ~~Widower~~	~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Thos Brown

Mother's Maiden Name Lizzie Hollis

Cause of Death: Primary Inflammation Bowels & Eye — How long sick 4 days

Immediate Exhaustion

Accident, ~~Suicide, Homicide~~

Reported by Thos Brown

Address Clinton

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893

Name in Full: Livingston Browning

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Riverdale — County: Prince George

Date of death: 1904 — Month: August — Day: Thursday — Age: Years 57 — Months 4 — Days

Sex: Male — Color or Race: Caucasian — Birthplace: Washington D.C.

Occupation: Lawyer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Mason Evans

Father's Name: Perguie Warfield — Father's Birthplace: Clarksburg

Mother's Maiden Name: Margaret Wood — Mother's Birthplace: Washington

Name of person giving Information: Robert E. Browning — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: Two weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Richardson

Address: Riverdale Md.

Accident or Suicide?

LIBRARY BUREAU A63815

Name in Full: Elijah R Burch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forestville; County: Prince George

Date of death: 1904; Month: aug; Day: 10; Age: Years: 69; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Virginia

Occupation: Farming; Where Residing ~~at place of death~~: md

Married, Single or Widowed: Married; Name of ~~Wife or Husband~~: Amanda A Birch

Father's Name: Samuel Birch; Father's Birthplace: Va

Mother's Maiden Name: Annie Cleveland; Mother's Birthplace: Va

Name of person giving Information: Robert Boone; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Trouble; How long

Immediate: as a result of wound; How long: for years.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Duckett

Address: Forestville md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full

Certificate of Death

Rockford B. Chrismond

Died at Brentwood Town

Prince George's County MARYLAND

Date 1914 Month 5 Day 17

Age Y. 5 M. 22 D.

Nativity of Md

Occupation

Male ~~Female~~

White ~~Colored~~

~~Married~~ Single

Widow Widower

~~Divorced~~

~~Number of children living~~

Husband

Wife

Father's Name A. R. Chrismond

Mother's Name Cassandra Chrismond

Cause of Death: Primary Encephalitis

How long sick 10 days

Immediate Asthenia

Accident, Suicide, Homicide

Reported by

Address Hyattsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mabel Josephine Davis

Died at Town College Park County Prince George MARYLAND

Date 19 0N Month Aug Day 22 | Age Y. 4 M. 19 D. | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living ~~____~~

Husband of
Wife

Father's Name Tobias A. Davis | Mother's Maiden Name Sophia R. Fink

Cause of Death — Primary: Cholera Infantum | How long sick: 5 Days

Immediate | Accident, Suicide, Homicide

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Reported by A. V. Etienne

Address Berwyn Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: James W Devaughn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crown; County: Prince Geo

Date of death 190 4: Month: Aug; Day: 3

Age: Years: 1; Months: 5; Days:

Sex: Female; Color or Race: White; Birthplace: Crown md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Jas T Devaughn; Father's Birthplace: Md

Mother's Maiden Name: S. I. Raley; Mother's Birthplace: Md

Name of person giving In formation: Jas T Devaughn; How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entero Colitis; How long: 2 weeks

Immediate: Asthenia; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W S P Gibbons

Address: Crown md

Accident or Sulcide?

LIDNARY BUREAU A88516

Name in Full: E Helen Durall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Glenn Dale; County: Prince Georges

Date of death 1904: Month: Aug"; Day: 19th; Age: Years: 83; Months: 7; Days:

Sex: Female; Color or Race: White; Birthplace: P. G. County

Married, Single or Widowed: Single; Occupation: Lady

Name of Wife or Husband:

Father's Name: Geo W Durall; Father's Birthplace: P G County

Mother's Maiden Name: Elizabeth Sopas; Mother's Birthplace: " "

Name of person giving information: Mr Marcey Durall; How related to deceased: Sister in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age; How long: Six months

Immediate: Dead Nerve; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank Wood. Medical

Address: Woodmore Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charley Engelhart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Severna Park County: Anne Arundel

TO BE ANSWERED BY NEAREST FRIEND

Date of death	1904	Month: Aug	Day: 4	Age: Years:	Months: 8 Days:
Sex: male	Color or Race: white	Birthplace: Maryland			
Occupation: child	Where Residing if not at place of death: at place of death				
Married, Single or Widowed: —	Name of Wife or Husband: —				
Father's Name: Joseph S. Englehart	Father's Birthplace: Baltr Co. Md				
Mother's Maiden Name: Jenny Smith	Mother's Birthplace: Maryland				
Name of person giving information: Joseph Englehart	How related to deceased: Father				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth 6 mo.	How long: 8 Days		
Immediate: Undetermined	How long: —		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician: W. H. Bryan	
		Address: Severna Park Md	
Accident or Suicide?			

LIBRARY BUREAU A88516

Name in Full: Edward Aslon Ford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nottingham — County: A. Co. Md.

Date of death: Month: 8 — Day: 17 — 1904

Age: Years: 27 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Ford. — Father's Birthplace: Md.

Father's Name: Edd. Ford. — Mother's Maiden Name: Margaret Ford. — Mother's Birthplace: Md.

Name of person giving information: Wm Rawlings — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Trouble — How long: 3 mo.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm L. Rawlings

Address: North Keys Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A55816

Name in Full: Ponny Fowler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodwood — County: Prince George's

Date of death 190 4 — Month: 8 — Day: 11

Age — Years: — Months: 2 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Woodville

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Walter Fowler — Father's Birthplace: Woodville

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Walter Fowler — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentary — How long:

Immediate: Natural Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. A. Mabury

Address: Upper Marlboro Md

Accident or Suicide:

LIBRARY BUREAU A66516

Name in Full: William H Fowler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Forestville — County: Pr Geo

Date of death: Month 8 — Day 6 — Years 68 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace

Occupation — Where Residing if not at place of death

~~Married, Single or~~ Widowed: Widower — Name of Wife or Husband: Bertie Fowler

Father's Name: Benedict Fowler — Father's Birthplace: Md.

Mother's Maiden Name: — Bryan — Mother's Birthplace: Md.

Name of person giving Information: James Fowler — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Unknown, dead when carried — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John E Sansbury

Address: Forestville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU ARBELA

Name In Full

Ce tificate of Death

Emily A. Freeman

Died at Town Hyattsville County Prince Geo. Co MARYLAND

Date 19 04 Month 8 Day 26 | Age Y. 59 M. 4 D. | Native of Va | Occupation none

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced | Number of children living 2

Husband of Wife

Father's Name Jacob Haff | Mother's Maiden Name Permina Haff

Cause of Death — Primary: Chronic Entestitis — How long sick

Immediate: Asthenia 10 D — Accident, Suicide, Homicide

Reported by Geo. M. Rohrer M.D.

Address 1023 E. Capitol Washington D. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79808

Name in Full: Samuel Dennis Callahan

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Tuscatawny; County: Piney Grove

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month	Day	Years	Months	Days
	8	23?	Age 41		

Sex	Color or Race	Birthplace
Male	White	Md.

Married, Single or Widowed	Occupation
Single	Farmer.

Name of Wife or Husband: —

Father's Name	Father's Birthplace
William M. Callahan	Md.
Mother's Maiden Name: Jane Colvin	Mother's Birthplace: Md.
Name of person giving In formation: John H. Callahan	How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

	How long
Primary: Malaria	
Immediate: Congestive Chill	How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D. Hewett

Address: Tuscatawny - Md.

Accident or Suicide? —

LIBRARY BUREAU A88518

Name in Full — Goddard

Certificate of Death

Died at Clinton (Town) Prince (County) MARYLAND

Date 1904 Month Aug Day 24th | Age Y. 64 M. 11 D. — | Native of Md | Occupation House

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Wm Goddard | Mother's Maiden Name Mary Owens

Cause of Death — Primary: Pneumonia by Bronchitis | How long sick 1 Week

Immediate | Accident, ~~Suicide, Homicide~~

Reported by S. L. Goddard

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Jos. Claude Grant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upper Marlboro' County: Prince Georges

Date of death 1904	Month	Day	Age	Years	Months	Days
	8	4		14	8	

Sex: Male

Color or Race: White

Birthplace: Maryland.

Married, Single or Widowed: Single.

Occupation: at school.

Name of Wife or Husband: —

Father's Name: Thos. J. Grant

Father's Birthplace: Maryland

Mother's Maiden Name: Josephine Roder

Mother's Birthplace: Maryland.

Name of person giving information: Marcen D. Humes.

How related to deceased: Physician

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever

How long: five weeks.

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Marcen D. Humes, M. D.

Address: Upper Marlboro' Md.

Accident or Suicide?

LIBRARY BUREAU A0001G

Name in Full: Frances Hall

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cheltenham — County: Pr. Geo

Date of death: 1904 — Month: 8 — Day: 7 — Age: Years — Months: 2 — Days: 21

Sex: female — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm S. Hall — Father's Birthplace: Md

Mother's Maiden Name: Ella Brady — Mother's Birthplace: Md

Name of person giving Information: W.S. Hall — How related to deceased: father

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CAUSES OF DEATH

Primary: Cholera Infantum — How long: 2 days

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John A. Rose MD.

Address: [redacted] MD

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A89518

Name in Full: Fanny Henson

CERTIFICATE OF DEATH

MARYLAND

Died at: Zib. Town; Pr. Geo. County

Date of death 1904: Month 8; Day 13

Age: Years about 45; Months; Days

Sex: Female

Color or Race: Colored

Birthplace: Md

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband:

Father's Name: Othello Henson

Father's Birthplace: Md

Mother's Maiden Name: Margaret Henson

Mother's Birthplace: Md

Neme of person giving In formation: Aquila Henson

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease

How long: Several years

Immediate:

How long:

Are the name, age, sex, color, dete and piece correctly given ebova? yes

Signature of Physician: John A. Poe

Address: Zib, Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full

Certificate of Death

John H. Henson

Died at Town New Glatz County Prince Geo. MARYLAND

Date 1904 Month Aug Day 18 | Age Y. 6 M. D. | Native of m-d | Occupation Child

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of ——————

Wife

Father's Name Wilson Colbert- Mother's Maiden Name Susie Henson

Cause of Death: Primary Cholera Infantum 105 How long sick 3 weeks

Immediate Asthenia Accident, Suicide, Homicide

Reported by Jos. M. Parker M.D.

Address Rose Croft m-d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: Leonard J. Herbert

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glendale; County: P. G Co

Date of death: Month: aug. Day: 1 Years: Age 54 Months: Days:

Sex: Male Color or Race: colored Birthplace: Upper Marlboro

Occupation: Sailor Where Residing if not at place of death:

Married, S— or W— Name of Wife or Husband:

Father's Name: Father's Birthplace: Upper Marlboro

Mother's Maiden Name: Mother's Birthplace: " "

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentary How long: 4 hours

Immediate: Collapse fol ed How long: 4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M Duvall M.D.

Address: ring field Md.

Accident or Suicide?

LIBRARY BUREAU A33813

Name in Full: Lorina Hentto

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Bowie — County: Prince Georges

Date of death 190 4 — Month: Aug — Day: 7 — Years: Age 20 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: House

Name of Wife or Husband: —

Father's Name: Spencer Hentto — Father's Birthplace: Maryland

Mother's Maiden Name: Ellen Giles — Mother's Birthplace: Maryland

Name of person giving In formation: John Hall — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endo Carditis — How long: Sudden

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. H. Nicholson M. D.

Address

Accident or Suicide?

LIBRARY BUREAU A65516

Name in Full: Charles Edward Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Leeland — County: Prince George

Date of death 1904 — Month: August — Day: 2 — Age — Years: — Months: — Days: 12

Sex: Male — Color or Race: Colored — Birthplace: Leeland

Married, Single or Widowed — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Washington Jackson — Father's Birthplace: Belts Grove

Mother's Maiden Name: Sabala Tillman — Mother's Birthplace: Prince George Co

Name of person giving information: Washington Jackson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Thrush — How long: 100

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Maclane Crawford

Address: Halls Md.

Accident or Suicide?

LIBRARY BUREAU A8918

Name in Full: Bernard Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rozarytown — County: P.G.

Date of death: Month: Aug — Day: 22 — Year: 1904 — Age: 83 — Months: 5 — Days: 12

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Aurelia Johnson

Father's Name: John Johnson — Father's Birthplace: Md

Mother's Maiden Name: Sophia Brown — Mother's Birthplace: "

Name of person giving Information: Charles Johnson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile — How long:

Immediate: as Thema — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. Gibbons

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Peter Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Aquasco — County: Pr. Geo

Date of death 190: Month: 8 — Day: 3

Age: Years: 27 — Months — Days

Sex: Male

Color or Race: Colored

Birthplace: Aquasco Md

Married, Single or Widowed: Married

Occupation: Laborer

Name of Wife or ~~Husband~~: Catherine

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information: David Stewart

How related to deceased: Grandson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis Pulmonalis — How long: One month

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. M. Brown

Address: Aquasco Md

Accident or Suicide?

LIBRARY BUREAU A2281B

Name in Full: Thomas Joyce — Prince George — CERTIFICATE OF DEATH

Died at: Woodward — Town: — County: — MARYLAND

Date of death 1904: Month 8 — Day 2 — Age: Years 54 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Prince George Co.

~~Married, Single or Widowed~~ — Occupation: Laborer

Name of Wife or Husband:

Father's Name: Dont Know — Father's Birthplace:

Mother's Maiden Name: Dont Know — Mother's Birthplace:

Name of person giving information: Miss Rue Jurdine — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long:

Immediate: Heart Disease — How long: a few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. R. Lobinier

Address: Aquasco Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name In Full

Certificate of Death

Lewis C. Justice

Town: College Park | County: Prince Georges | MARYLAND

Died at College Park | Prince Georges | MARYLAND

Date 1904 August 28 | Age Y. 37 M. 4 D. 13 | Native of | Occupation Broker

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife: Nora Harmon

Father's Name: W. W. Justice | Mother's Maiden Name:

Cause of Death:
- Primary: Bright Disease — How long sick: About 4 years
- Immediate: Uremic Poisoning — Accident, Suicide, Homicide

Reported by: W. O. Lewis M.D.

Address: College Park Maryland

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73849

Name in Full

Andrew Kalstrom

Certificate of Death

Died at Town: Berwyn County: Prince George MARYLAND

Date 1907 Month: 8, Day: 23 | Age Y. 56 M. 3 D. 12 | Native of Sweden | Occupation Clerk

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3

Husband ~~Wife~~ of Clara E. Kalstrom

Father's Name John Kallstrom

Mother's Maiden Name Annie C. Andersdotter

Cause of Death — Primary: Acute Indigestion — How long sick 6½ hours

Immediate: Mitral Insufficiency — ~~Accident, Suicide, Homicide~~

Reported by N. O. Etienne M.D.

Address Berwyn, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998

Name in Full: Elizabeth Klock

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Forestville (County) Prince George MARYLAND

Date of death: Month 1904 8. Day 19 Age: Years 69 Months — Days —

Sex: Female Color or Race: White Birthplace: N.Y.

Occupation: Housework Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed: Widow Name of ~~Wife or~~ Husband: Hezkiah Klock

Father's Name: James Davidson Father's Birthplace: N.J.

Mother's Maiden Name: Catherine Quatonbush Mother's Birthplace: N.Y.

Name of person giving information: William Klock How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bowel Obstruction How long: 6 days

Immediate: Hemiplegia How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John E. Lusby

Address: Forestville, Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Martha Lee

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upper Marlboro' County: P. Geo.

Date of death 1904: Month: 8 Day: 11

Age: Years: — Months: — Days: 5

Sex: Female Color or Race: Black Birthplace: P. G. Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Alfred Lee Father's Birthplace: —

Mother's Maiden Name: Bessie Queen Mother's Birthplace: —

Name of person giving Imformation: Alfred Lee How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Spasms How long: 2 days

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide?

Signature of Physician: Alfred Lee, Father

Address: Upper Marlboro, Md

LIBRARY BUREAU A86316

Name in Full

Certificate of Death

Mary A. Lancaster

Died at Town: Seabrook County: Prince Georges MARYLAND

Date 1904 Month: August Day: 1 | Age Y. 40 M. 3 D. 1 | Native of Washington D.C. | Occupation Housewife

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~

Number of children living 6

Husband of / Wife Samuel A. Lancaster

Father's Name John Hamblin | Mother's Maiden Name Mary E. Tucker

Cause of Death: Primary Pulmonary Tuberculosis | How long sick 6 months one year

Immediate Asthenia | Accident, Suicide, Homicide

Reported by John Oswald M.D. Springfield Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name In Full: Marcus L. Luckett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: J.B. County: Pr. Geo

Date of death 1904: Month: 8 Day: 18

Age: Years: 58 Months: Days: 8

Sex: Male

Color or Race: White

Birthplace: Md

Married, Single or Widowed: Married

Occupation: Blacksmith

Name of Wife ~~or Husband~~: Virginia Luckett

Father's Name: Marcus L Luckett

Father's Birthplace: Md

Mother's Maiden Name: Caroline Lammus

Mother's Birthplace: Md

Name of person giving In formation: John Luckett

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular Heart disease

How long: not known

Immediate: Failure of Circulation

How long: 60 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John A. Cox

Address: J.B. Md

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Martha A. Lusby.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Silver Hill — County: Pr. Geo

Date of death: Month 8 — Day 16 — 1904

Age: Years 53 — Months — Days

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or ~~Husband~~: Geo. W. Lusby.

Father's Name: Willett Pittaway

Father's Birthplace: Md

Mother's Maiden Name: Mary Weaver

Mother's Birthplace: Md.

Name of person giving In formation: Geo. W. Lusby.

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gall Stone.

How long: 8 Mo.

Immediate: Exhaustion

How long: —

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: John E Lansbury M.D.

Address: Forestville Md.

Accident or Suicide?

LIBRARY BUREAU ASSETS

Name in Full: Malcolm Howard Maccubbin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel; County: Pr. Geo. Co.

Date of death: Month: August; Day: Thursday; 25; 1904

Age: Years: 1; Months: ; Days: 25

Sex: male

Color or Race: White

Birthplace: Laurel Md

Occupation: ——

Where Residing if not at place of death: Main Street

Married, Single or Widowed: ——

Name of Wife or Husband:

Father's Name: Howard Maccubbin

Father's Birthplace: Balto. Md

Mother's Maiden Name: Rose Maccubbin

Mother's Birthplace: Laurel Md

Name of person giving Information: Mother

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entero-colitis

How long: 2 ms

Immediate: Convulsions

How long: 2 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T. D. Byerly

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Sarah Miles

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Tawmont Heights; County: P. George

Date of death: 1904 Month: Aug Day: 6

Age: Years: — Months: 5 Days: —

Sex: Female Color or Race: Colored Birthplace: Md.

Occupation: Infant Where Residing if not at place of death: —

Married, Single or Widowed: Infant Name of Wife or Husband:

Father's Name: Jerry Miles Father's Birthplace:

Mother's Maiden Name: Maria Johnson Mother's Birthplace: Va.

Name of person giving Imformation: Wilbon Miles How related to deceased: Brother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro enteritis How long: about two weeks

Immediate: Exhaustion How long: 3 days

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: L. S. Savage M.D.

Address: Benning D. C.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: James M Moore

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Silver Hill — County: Prince George

Date of death 1904 — Month: 8. — Day: 26

Age — Years: 21 — Months: 10 — Days: 18.

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Farm work

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George W Moore

Father's Birthplace: Md

Mother's Maiden Name: Martha J Vermillion

Mother's Birthplace: Md

Name of person giving Information: Aaron F Moore

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever

How long: 26 day.

Immediate: Intestinal Hemorrhage

How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John E Donaldson

Address: Forestville Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Lennie Muroy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Springfield County: Prince Georges

Date of death: Month: Aug Day: 1st 1904

Age: Years: 28 Months: Days:

Sex: Male Color or Race: Colored Birthplace: Maryland

Occupation: Laborer Where Residing if not at place of death: Springfield

Married, Single or Widowed: Married Name of Wife or Husband: Nancy Fleet

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Lennie Muroy Father's Birthplace: Virginia

Mother's Maiden Name: Rina Johnston Mother's Birthplace: Maryland

Name of person giving information: George Hawkins How related to deceased: None

CAUSES OF DEATH

Primary: Typhoid Fever How long: 4 Weeks

Immediate: Perforation of Bowel How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John M Duvall

Address: Springfield Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Edith N. Payne

CERTIFICATE OF DEATH

Died at: Town: Bladensburg; County: Prince Geo. MARYLAND

Date of death: Month: Aug; Day: 15; 1904

Age: Years: 40; Months: 6; Days:

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: House Wife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Milton Payne

Father's Name: Jack Shaw

Father's Birthplace: Md

Mother's Maiden Name: Mary Shaw

Mother's Birthplace: Md

Name of person giving information: Milton Payne

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Liver — How long: 1 year

Immediate: Hepatic Dropsy — How long: 1 month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Perry

Address: Hyattsville

Accident or Suicide?

P. G. Co

LIBRARY BUREAU A68816

Name in Full: Barney Lmander

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upper Marlboro' County: P.G.

Date of death: Month: 8 Day: 21 1904 Age: Years: 8 Months: Days:

Sex: Male Color or Race: Black Birthplace: P.G. Co

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: James Lmander Father's Birthplace: P.G. Co

Mother's Maiden Name: Kate Hall Mother's Birthplace: " "

Name of person giving Imformation: Dominick Lmander How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Stop~~ child suffered with indigestion and on Sunday was taken with convulsions. Died before Dr. arrived How long: 3 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dominick Lmander

Address: Uncle, Upper Marlboro Md.

Accident or Suicide:

LIBRARY BUREAU A88316

Name in Full: Sarah J Rawlings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North Keys — County: P.G.

Date of death: 1904 Month: Aug Day: 16 — Age: Years: 60 Months: Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: John A Rawlings

Father's Name: Wm F Garner — Father's Birthplace: Md

Mother's Maiden Name: Ann Tomlinson — Mother's Birthplace: Md

Name of person giving Information: Jos W Rawlings — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease 120 — How long: Several years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C O H Gibbons

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A89318

Name in Full: Estelle Robinson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Oak Crest; County: Prince Geo

Date of death 1904: Month: aug; Day: 6

Age: Years: 22; Months: 11; Days: 16

Sex: Female

Color or Race: Black

Birthplace: Prince Geo

Occupation: None

Where Residing if not at place of death: Oak Crest

Married, Single or Widowed:

Name of Wife or Husband: ---

Father's Name: Hood Robinson

Father's Birthplace: King Geo Co Va

Mother's Maiden Name: Elizabeth Hebron

Mother's Birthplace: A Q Co Md

Name of person giving Information: Elizabeth Robinson

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Peritonitis

How long: One year

Immediate: Exhaustion

How long: 1

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Taylor

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A83510

Name in Full: Julia Scott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel County: Price Geo

Date of death: Month: aug Day: 17 1904

Age: Years: 70 Months: Days:

Sex: female Color or Race: Black Birthplace: a.a. Co md

Occupation: House Wife Where Residing If not at place of death: Laurel

Married, Single or Widowed: Name of Wife or Husband: Geo Scott

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Taylor Father's Birthplace: A.A. Co md

Mother's Maiden Name: Matilda Williams Mother's Birthplace: A.A. Co. md

Name of person giving Information: Geo Mattinn How related to deceased: Nephew

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CAUSES OF DEATH

Primary: probably malignant Abdominal Tumor How long: 2 yrs.

Immediate: Exhaustion How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W F Taylor

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Nancy Simmes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oxen Hill; County: Prince Geo.

Date of death 190 4: Month: Aug.; Day: 9th; Years: Age 70; Months; Days

Sex: Female; Color or Race: Black; Birthplace: Maryland

~~Married, Single~~ or Widowed: Widow; Occupation: House work

Name of Wife or Husband: Henry Simmes

Father's Name: Peter Mcguider; Father's Birthplace: M-d

Mother's Maiden Name: not known; Mother's Birthplace: M-d

Name of person giving information: James Simmes; How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis; How long: one year

Immediate: Asthenia; How long: 6 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. Parker M.D.

Address: Rose Croft P.O. Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Catherine Standbach

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bryans Point — County: Prince Georges

Date of death 1904 — Month: 8 — Day: 15 — Years: — — Months: 2 — Days: 14

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: William Standbach — Father's Birthplace: D.C.

Mother's Maiden Name: Catherine Woodland — Mother's Birthplace: England

Name of person giving In formation: William Standbach — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 3 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry Kelly M.D.

Address: Accokeek Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A80316

Name in Full: Norman Eugene Sweeney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Marlboro | County: Pr Geo

Date of death 1904: Month: aug | Day: 24 | Age: Years — | Months — | Days 2 1/3

Sex: Male | Color or Race: White | Birthplace: B. Geo Co Md

Married, Single or Widowed: — | Occupation: —

Name of Wife or Husband: —

Father's Name: Wm Eugene Sweeney | Father's Birthplace: B. Geo Co.

Mother's Maiden Name: Brandt | Mother's Birthplace: Calvert Co.

Name of person giving information: Wm E Sweeney | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — | How long

Immediate: Cholera Infantum | How long 2 Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: Upper Marlboro Md

Accident or Suicide?

LIBRARY BUREAU A68616

Name in Full: Alice Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Friendly; County: Prince George

Date of death 190 4: Month: 8; Day: 10

Age: Years: 38; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Pr. Geo. Co. Md

Married, Single or Widowed: Widow; Occupation: Housewife

Name of Wife or Husband: —

Father's Name: Working for Thomas; Father's Birthplace: Prince George

Mother's Maiden Name: Charlotte Newman; Mother's Birthplace: Prince George

Name of person giving Information: Geo. Thomas; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 6 yrs.

Immediate: Exhaustion.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry Hall M.D.

Address: Hyattsville Md

Accident or Suicide?

LIBRARY BUREAU A8851G

Name in Full: Daisy Tucker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forestville — County: Pr. Geo.

Date of death: Month: 8 — Day: 21 — Years: 21 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Albert Tucker.

Father's Name: ~~Thomas~~ Moore Christopher — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Burgess — Mother's Birthplace: Md.

Name of person giving information: John Tucker — How related to deceased: Father in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 7 weeks.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John E Sansbury M.D.

Address: Forestville Md.

Accident or Suicide?

LIBRARY BUREAU A99818

Name in Full: Marie Wagner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowie — County: P. G.

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: August — Day: 5 — 1904

Age: Years: 1 — Months: 6 — Days: —

Sex: Female

Color or Race: White

Birthplace: Bowie

Occupation: None

Where Residing if not at place of death: Baltimore Md.

~~Married~~, Single or ~~Widowed~~

Name of Wife or ~~Husband~~

Father's Name: John F. Wagner

Father's Birthplace: Harford Co. Md.

Mother's Maiden Name: Mary E. Colvin

Mother's Birthplace: P. G. Co. Md.

Name of person giving Information: W. H. Colvin

How related to deceased: Uncle

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Cerebro Colitis

How long: Several months

Immediate: Last I knew saw it once only at my office would say

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. L. Carroll M.D.

Address: Springfield Md.

Accident or Suicide?

LIBRARY BUREAU No 8516

Name in Full: Mary M Walters

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Camp Springs; County: Prince George

Date of death: 1904; Month: 8.; Day: 25

Age: Years: 2; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: William Waters; Father's Birthplace: Md

Mother's Maiden Name: Prince Butler; Mother's Birthplace: Md

Name of person giving Information: William Waters; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Teething; How long: 1 mo

Immediate: Stomatitis; How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Sansbury

Address: Forestville Md

Accident or Suicide? —

LIBRARY BUREAU A58818

Name in Full: Martha Washington

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hancock — County: Prince Georges

Date of death 1904 — Month: 8 — Day: 19

Age — Years: 70 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Prince Georges

Married, Single or Widowed: Widow — Occupation: Home maker

Name of Wife or Husband: —

Father's Name: C. Briscoe — Father's Birthplace: Maryland

Mother's Maiden Name: Olivia Briscoe — Mother's Birthplace: "

Name of person giving information: Daniel Webster — How related to deceased: Brother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Gastritis — How long: 2 yrs

Immediate: Cachexia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry Hadley

Address: Hancock Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Margret West

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lanham — County: Prince Geo

Date of death: Month: Aug — Day: 19 — 1904

Age: Years: 84 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: John West

Father's Name: — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace: Md

Name of person giving Information: John West — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long: 2 yrs

Immediate: Cardiac Atrophy — How long:

Are the name, age, sex, color and place correctly given above? yes

Signature of Physician: L Peery

Address: Hyattsville Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full

Certificate of Death

Everett Osborne White

Died at Town Clinton County P.G. MARYLAND

Date 1904 Month Aug Day 29 | Age Y. 11 M. — D. — | Native of Md Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name James White Mother's Maiden Name Mary Summers

Cause of Death { Primary C. Intussusception How long sick 2 days
Immediate ~~Accident, Suicide, Homicide~~

Reported by James White

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Eva May Willcoxen

Died at College Park Prince Georges MARYLAND
(Town) (County)

Date 19 Aug 26 Month Day | Age Y. 2 M. D. | Native of Md | Occupation

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number ~~of children living~~

Husband of
Wife

Father's Name James Hay Willcoxen | Mother's Maiden Name Inez S Dyer

Cause of Death: Primary Thrush | How long sick 2 months

Immediate Marasmus | Accident, Suicide, Homicide

100

Reported by W. Enfield M D

Address College Park Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79805

Name in Full: Joseph Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ammendale Station B&O; County: Prince George

Date of death 1904: Month: Aug.; Day: 16; Years: Age about 65 yrs; Months; Days

Sex: Male; Color or Race: White; Birthplace

Occupation: Pensioned Marine; Where Residing if not at place of death: York Pa

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Information: 178 [illegible]; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~ill~~ determined probably paralysis; How long: Suddenly

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. F. Taylor

Address: Laurel Md

George W. Alcorn Acting Coroner

~~Accident or [illegible]~~?

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CERTIFICATE OF DEATH

MARYLAND

Name in Full: Margaret J Yoe

Died at: Town: Croom — County: Pr Geo

Date of death: Month: 1904 Aug — Day: 25 — Age: Years: 22 — Months — Days

Sex: Female — Color or Race: white — Birthplace: Pr Geo Co

Occupation: Student — Where Residing if not at place of death: Good Hope Md

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: W.H. Yoe — Father's Birthplace: New Orleans

Mother's Maiden Name: Marian L Yoe — Mother's Birthplace: Md

Name of person giving In formation: W H Duvall — How related to deceased: Bro-in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 18 days

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: V. H. Gibbons

Address: Croom Md.

Accident or Suicide?

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